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29540 7590 08/10/2005

PITNEY HARDIN LLP
7 TIMES SQUARE
NEW YORK, NY 10036-7311
10/26/2005 EAREGAY2 00000039 09634410

01 FC:1501	1400.00 OP
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Veveine Nation	(Depositor's name)
<i>Veveine Nation</i>	(Signature)
October 20, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/634,410	08/09/2000	Ruben Meraz	500488.091556	5719

TITLE OF INVENTION: FOCUS FADER WITH DUAL OPTOCOUPERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MICHALSKI, JUSTIN I	2644	381-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Pitney Hardin LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2.	_____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3.	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STANTON MAGNETICS LLC

Boynton Beach, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1145 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date Oct. 20, 2005

Typed or printed name

Gerald Levy

Registration No. 24,419

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